

Attach the original refund claim, plus one copy. Keep a copy for your records.

St	ep 1: Identify yourself		
1	Name		3
	Number and street address		Federal Identification no. (FEIN)
	0	ZIP	<b>4</b> ()
_	City State	ZIP	reiepnone no.
2	IFTA Account no.		
St	ep 2: Figure your refund ttach one copy of your proof of payment for the decals		
5	Decal year for which I overpaid:		6 Decal numbers I received:
7	Number of decal sets I received:		
8	Amount of payment I remitted for the decals	\$	
9	Amount of payment I should have been remitted (Line 7 x $\$3.75$ )	\$	
10	Amount of overpayment to be refunded: (Subtract Line 9 from Line 8)	\$	
St	ep 3: Sign below		
	Under penalties of perjury, I state that I have exam	ined this re	efund claim and, to the best of my knowledge, it is true, correct and complete.
Ī	Print Taxpayer/Responsible party's name	Title	///
			//
	Signature of Taxpayer/Responsible party		Date
ı	Mail your refund claim to: MOTOR FUEL TAX FILLINOIS DEPARTM PO BOX 19019		

This form is authorized as outlined by the Motor Fuel Tax Law and Environmental Impact Fee Law. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4678

**SPRINGFIELD IL 62794-9019**